



California State Fire Training



P. O. Box 944246 - Sacramento, CA 94244-2460
Bus: (916) 445-8444

2251 Harvard Street, Suite 400
Sacramento, CA 95815

Request for a Student Transcript

Please check all that apply:

- ☐ This is a request for a list of all certifications/courses I have received from the Office of the State Fire Marshal, State Fire Training*.
- ☐ This is a request for my State Fire Training Identification Number (SFT ID#).
- ☐ This is a request for all classes I have taken through State Fire Training.
- ☐ This is a request for a list of all courses I am eligible to teach as a Registered Instructors.
- ☐ Other: _____

If you are requesting **copies of certificates you will need to fill out an Application/ Fee Schedule and send it in with the appropriate fees.
Do not use this form.*

I, the undersigned, am the person making this request for the above information. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause of denial.

Requestors Signature _____ Date: _____

ALL REQUESTS MUST BE SIGNED AND INCLUDE EITHER YOUR SS# OR SFT ID #.

Full Name: _____ Date: _____

Department: _____

Last 4 digits of SSN#: _____ -- OR-- State Fire Training ID#: _____

Dept. Name/Phone: _____ Hm Phone: _____

SEND RESPONSE TO:

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: (optional) _____

***Processing of requests will be done on a first come, first served basis, and only if all information requested above is filled in. Student can choose to have response sent via e-mail or U.S. mail, and processing of requests may take up to two (2) weeks. Participants requesting a student record to be sent via e-mail will not receive a hard copy. ***